For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

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our mascot
Cousin IT

"This is I.T." Newsletter

Info and Tips from the MDS-WA Office—***Clinical*** *stuff,* ***Computer*** *stuff,* ***Reports*** *'n stuff, and other STUFF!*

By Marge Ray and Shirley Stirling, State of WA, DSHS

Inside this issue:

Section M: Skin Condition

Marge ***Shirley***

Our goal... **Our goal is to help you accurately assess, code, and transmit the MDS. Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.**

During these warm summer days, the condition of our skin seems to dominate the advertisements in magazines and on television. Products to protect against sunburn, bug bites, to treat skin scrapes and scratches, plus to lubricate and soften our body parts are endless. Nursing Home residents also deal with skin issues; however, the causes are different. Episodes of bladder and/or bowel incontinence, inadequate hydration or nutrition, reduced mobility, the need for assistance in personal care, changes in mental status and the use of restraining devices place residents at risk for developing multiple problems including pressure ulcers.

Section M of the MDS records the condition of the resident's skin identifying the presence, stage, type and number of ulcers as well as other skin problems. Additionally, it captures skin treatments for active problems and protective or preventive skin and foot treatments..

There are 6 categories in Section M that must be evaluated on the MDS:

M1: Ulcers
M2: Type of Ulcer
M3: History of Resolved or Cured Ulcer
M4: Other Skin Problems
M5: Skin Treatments
M6: Foot Problems and Care

In this article, the focus is on M1, M2, M3 and M5. The RAI User's Manual in (Chapter 3 page 159) points out that the National Pressure Ulcer Advisory Panel (NPUAP) standards may be adopted by facilities in their clinical practice but **cannot be used for coding the MDS**. Ulcers must be staged by what the clinician sees during the observation look-back period.

M1. Ulcers

A skin ulcer is defined in the MDS manual as a local loss of epidermis and variable levels of dermis and subcutaneous tissue, or for a Stage I, a persistent area of redness without a break in the skin, that does not disappear when pressure is relieved. The task of the assessor is to observe the skin and record the number of ulcers at each stage, on any part of the resident's body that developed because of either **pressure or circulation only**. No other causes, only these two.

The stages available for coding M1 are:

- Stage 1-persistent area of skin redness without a break, that does not resolve when pressure is relieved
- Stage 2- partial thickness skin loss that looks like a blister, abrasion, scab or shallow crater
- Stage 3- full thickness skin loss, subcutaneous tissue is exposed and the crater looks deeper and may have undermining.
- Stage 4 –full thickness skin and subcutaneous tissue loss with muscle or bone exposed. In addition, the presence of necrotic eschar that prohibits accurate staging would also be coded as a stage 4.

Record the *number* of ulcers present at each stage during the last 7 days for each item in M1 (a – d). Remember to code what you see. An ulcer that was once a Stage 3 but now looks like the description of a Stage 2 is coded on the MDS as a Stage 2, not a healing Stage 3.

M2. Type of Ulcer

This item deals with only 2 of the 3 ulcers that were coded in M1. You are now asked to record the *highest stage* of (a) pressure ulcers and (b) stasis ulcers present in the last 7 days. Arterial ulcers are not to be coded here.

M3. History of Resolved/ Cured Ulcers For this item you are to answer 'yes' or 'no' to the question, Has the resident had a skin ulcer heal in the last 90 days? It is possible that a resident could have an ulcer identified in M1 and M2 and also have it heal by the end of the observation period; thus, it would also be coded in M3. This item identifies risk for future ulcers.

Some things to be aware of:

1. Not all blisters are ulcers. You must know that pressure was a contributing factor to the blister formation for it be coded in M1.
2. Skin tears/shears are not to be coded in M1 unless pressure was a contributing factor to their development.
3. Debridement of an ulcer does not change it to a surgical wound.
4. "Skin" does not include the eyes or oral mucosa.
5. There is no choice on MDS 2.0 called "unstageable."
6. The cost to heal a single full thickness pressure sore may be as high as $70,000.

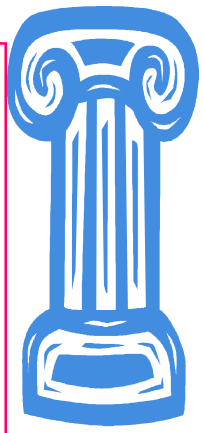
(Continues in the middle of page 2)

Coding Scenario Quiz

Scenario: Mrs. Summers had an annual assessment completed with an ARD (A3a) of 6/12/2009. The following skin conditions were noted on the treatment administration record (TAR) and skin condition flow sheets in the clinical record:

- A reddened area to the right shoulder blade which did not fade after the resident was up for 15 minutes, first noted 6/9/09.
- A Stage 2 pressure ulcer on the right ankle healed on 6/7/09.
- A Stage 3 pressure ulcer on the right hip noted to be healing with a small area of subcutaneous tissue still exposed. Last notation on 6/11/09.
- A stage 2 ulcer on the right elbow healed on 6/4/09.
- A venous stasis ulcer on the Left Lower Extremity (LLE) near the ankle with full thickness loss of skin and subcutaneous tissue and muscle tissue exposure 6/8/09.

How will you code Section M?
(See Page 4 for answers.)



Results of Case Mix Review

Marge Ray collected data from 22 case mix reviews during April -09.
Here are the top 10 MDS items miscoded:

P8	Physician order changes
G1b & G1i	Transfer and Toilet Use ADL
P1bb & P1bc	PT & OT days and minutes
H3a	Scheduled Toileting Plan
P3b & P3e	Nursing Restorative AAROM & Transfer
K6b	Average fluid intake via enteral/parenteral
P1ag	Oxygen use

For Section M, Skin Condition, here is an error count:

M1: 17 errors in staging ulcers across all 4 stages
M2: 5 errors
M4: 9 errors across 3 items
M5: 24 errors across 5 items
M6: 2 errors

Section M—Skin Condition Continued...

M5. Skin Treatments

The interventions and care listed in this item must relate to either treating or preventing skin problems. You are to check *all* that apply and were in use during the 7 day look-back period.

Note: Some treatments may be coded more than once. For example, M5e, Ulcer Care, includes the use of dressings and M5g is specifically titled application of dressings other than to feet. Thus, an ulcer on a hip that required dressing changes during the 7 day assessment period may be coded in both M5e and M5g.

Two of the specific interventions are highlighted below because the criteria for coding them on the MDS are so specific.

M5c Turning/Repositioning Program has 5 components that must be met before this can be coded. CMS has defined what is meant by a program throughout the MDS including this item. The program must be continuous and consistent and include specific approaches that are organized, planned, documented, monitored and evaluated. If any of these components is not in place, then this item is not to be coded on the MDS. These interventions must be individualized and based on the assessment of each resident's unique needs.

M5d Nutrition and Hydration Interventions are dietary measures that are provided to residents for the purpose of preventing or treating *skin problems or conditions.* If the resident is receiving nutrition or hydration interventions for non skin related issues, do not code this item. Vitamins and minerals used to manage skin re-

Q2IT *Tips from the Treasure Trove*

Questions on M1 Ulcers

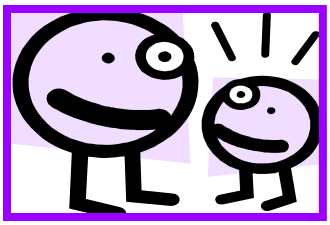
Question: When coding M1 Ulcers, the MDS form says to record the number of ulcers at each stage regardless of cause. At a recent MDS training, the presenter said that only ulcers caused by pressure or circulatory problems are to be staged in M1. Which is correct?

Answer: Only skin ulcers caused by pressure or circulatory problems are to be staged and coded in M1 (see RAI User's Manual, chapter 3 page 159). The MDS 2.0 form has not been updated since the attestation language was added in 2000. The instructions in the RAI User's Manual are current and represent the correct coding instructions.

Question: One of our residents has a dark reddish purple area on a heel that is pressure related and appears to be a suspected deep tissue injury. Since this is technically unstageable, do we code this as a Stage 4 on the MDS?

Answer: No, MDS 2.0 does not contain a choice for coding an unstageable ulcer or for suspected deep tissue injury. Code the ulcer based on the observed appearance of the area and whether or not it matches any of the definitions of the 4 stages described in the RAI User's manual. Suspected deep tissue injury can be coded on MDS 2.0 in I3 with the appropriate ICD-9 code. In addition, the documentation in the clinical record should reflect that the resident has a suspected deep tissue injury.

Connecting the MDS Dots



RAPS triggered by Section M items

- **Pressure Ulcer is triggered when M2a is coded 1,2,3; when M3 is coded as a 1 or when M4e is checked.**
- **Nutritional Status is triggered when M2a is coded 2, 3 or 4.**

Quality Measure/Indicators:

- **Residents will flag QM/QI 12.1 High-risk residents with pressure ulcers if M2a is greater than 0 or I3a-I3e is coded with ICD-9 code 707.0 on the target assessment High risk residents are those who have at least one of the following noted on the target MDS:**
  - **Impaired bed mobility or transfer G1aA or G1bA = 3, 4 or 8**
  - **Comatose (B1) = 1 (yes)**
  - **Suffer malnutrition (I3a-I3e) = 260, 261, 262, 263.0, 263.1, 263.2, 263.8 or 263.9**
- **Residents will flag QM/QI 12.2 Low-risk residents with pressure ulcers when M2a is greater than 0 or I3a-I3e is coded with ICD-9 code 707.0 when not identified as high risk resident (see criteria above)**

Survey

- **Low-risk residents with pressure ulcers QI 12.2 is a sentinel event that requires investigation during the annual inspection.**
- **F314 Pressure Sores: Based on the comprehensive Assessment of a resident, the facility must ensure that (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.**

Payment

- **M1, M2a, M4b,c & g, M5 a-h, and M6b,c & f are RUG items used in the case mix payment classification system.**

QM/QI Report—High & Low Risk Residents with Pressure Ulcers

12.1 High-Risk Residents with Pressure Ulcers

Qtr-Year	WA State	National
Q1-2008	14.5%	13.7%
Q2-2008	14.2%	13.8%
Q3-2008	13.4%	13.3%
Q4-2008	12.4%	13.0%

Measure12_1 High Risk Residents With Pressure Ulcers - Residents with pressure sores (Stage 1-4) on target assessment that are defined as high risk. Those residents who are considered to be at high risk have one of the following criteria on the target assessment: Impaired in bed mobility or transfer Comatose Suffer malnutrition as indicated by a MDS ICD-9 score equal to 260, 261, 262, 263.0, 263.1, 263.2, 263.8, or 263.9.

12.2 Low-Risk Residents with Pressure Ulcers

Qtr-Year	WA State	National
Q1-2008	4.1%	2.7%
Q2-2008	4.1%	2.7%
Q3-2008	3.8%	2.7%
Q4-2008	3.7%	2.5%

Measure12_2 Low Risk Residents With Pressure Ulcers - Residents with pressure sores (Stage 1-4) on target assessment that are defined as low risk. Residents who are at low risk are those who do not meet one of the high-risk criteria. This is considered to be a sentinel health event.

Figures indicate percentage across state of residents exceeding Quality Measure/Quality Indicator trigger.

Action Requested - Please pull your facility level CASPER QI/QM reports and see how your NH compares. Are the MDS items affecting the prevalence of pressure ulcers coded correctly in your resident assessments?

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For WA State Nursing Home Staff

A Newsletter from Residential Care Services Of Aging & Disability Services Administration

MDS 3.0 Update

The Notice of Proposed Rulemaking (NPRM) for MDS 3.0 Prospective Payment System (PPS) changes was posted in the Federal Register on May 12, 2009 with the comment period closing on June 30. The proposed rule would update payment rates used under PPS for SNF for the federal fiscal year 2010 and discussed the STRIVE results related to a new RUG IV classification model to be used with MDS 3.0. The final rule will be published in the Federal Register on July 31, 2009.

Further information will also be made available at Open Door Forums.

State of WA NH web sites

MDS Clinical web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

MDS Automation web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

NH Rates web page
http://www.adsa.dshs.wa.gov/professional/rates/

Casemix web page
http://www.adsa.dshs.wa.gov/professional/CaseMix/

"Dear Administrator " web page

http://www.ADSA.dshs.wa.gov/professional/letters/nh/2009/

ADSA on the Web!

http://www.adsa.dshs.wa.gov/Professional/

Washington State RUG Reports are now offered exclusively on the MDS Transmission site. Notices are sent out on the MDS-WA Listserv as reports are posted. Other notices are sent usually up to about four times month. To join, send an email to LISTSERV@LISTSERV.WA.GOV and put this text in the subject line **SUBSCRIBE MDS-WA**

Computer Corner

by Shirley Stirling

The MDS transmission process has been going through lots of changes to catch up with current security standards.

In the last year NHs have been updating to broadband, and most recently to a new account type in the AT&T Global Dialer called ANRMS. (AT&T gives you a connection to the MDS server.)

This is also the month that we here in WA State have gone from a shared facility login ID to a personal login ID for each person in a NH transmitting MDS or using CASPER reports. All nursing home users nationwide will have personal logins by sometime in January 2010.

These mandatory changes, for the two logins that submitters use (one to AT&T, one to MDS) relate to requirements for the new MDS version, MDS 3. Luckily, we have been able to start these new methods **now**, even though MDS 3 is delayed until next year. They will be old hat and easy as pie for us well before we must divert our attention to MDS 3.

Blast from the past: I just found a federal memo from 1996 announcing the transition to the "new MDCN dial-up modem". This was only 13 years ago, but to me it seems like the horse and buggy days! I hear that some NHs still use dial-up modem for Medicare billing with IVANS and Medicaid billing with WinAsap, but soon the analog modem will only be found in the "sound museum" along with the toot of a steam locomotive! **Happy computing!**

Answers to Section M Scenario

M1 Ulcers: (Record the number of ulcers at each stage)
M1a =1 M1b =1 M1c = 1 M1d = 1
The Stage 2 on the right elbow was not present during the 7 day observation period.
M2 Type of Ulcer (highest stage of (a) pressure and (b) stasis)
M2a = 3 (the R hip ulcer)
M2b = 4 (the LLE ulcer)
M3 = 1 (yes) evidence of 2 healed ulcers in the past 90 days.